

Foster Family Home - Corrective Action Report

Provider ID: 3-594623

Home Name: Venancio Blanco, CNA

95-1187 Kukui Road

Na'alehu HI 96772

Review ID: 3-594623-6

Reviewer: Carol Copeland

Begin Date: 5/16/2018

End Date: 6/04/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home visit survey performed to recertify three client home. Home in compliance on day of survey. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN MSW
Compliance Manager

Venancio F. Blanco
Primary Care Giver

5-15-18
Date

5-15-18
Date